

Georgia Institute of Technology, School of Chemistry and Biochemistry
Lab Inspection Check List

Building: **Room:** **Inspection Date:** **Inspection Quarter:**

Supervisor Name: **Inspector Name:**

- | | | | | | | |
|---|-----|--------------------------|----|--------------------------|-----|--------------------------|
| 1. Is there a current Emergency Notification card on the outside of the door? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 2. Is there a current and accurate Lab Hazard Floor Plan posted on the outside bulletin board for this lab? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 3. Is the phone number for reporting an emergency posted on each telephone? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 4. Is there a safety shower and/or eyewash within the laboratory? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 5. Are gas cylinders secured properly? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 6. Are "sharps" separated from the regular trash and kept in sharps containers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 7. Are fire extinguishers available, properly maintained and appropriate for hazards in lab? (verify recent inspection date on tag by initialing) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 8. If more than 10 gallons of flammables are being used in the laboratory, are they stored in fire rated storage cabinets? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 9. Are all hazardous materials and areas properly labeled and /or identified? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 10. Are highly reactive or hazardous materials (i.e., strong acid or alkali solutions, oxidizers, flammable, toxic, volatile, etc.) stored appropriately? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 11. Are fume hoods used and maintained appropriately according to prudent laboratory practice, operating properly and free of clutter? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 12. Is housekeeping adequate (no clutter on the bench-tops or in the aisles, chemicals stored properly, lab maintained in a neat orderly fashion, etc.)? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 13. Are containers containing chemicals in good condition and free of leaks and deterioration? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 14. Is container made of a material that will not react with stored waste? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 15. Is the area free from evidence of leaks and spills? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 16. Are all chemical containers securely closed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 17. Is aisle space sufficient for inspection of all containers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 18. Are labels on all chemical containers readable? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 19. Are hazardous waste containers properly closed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 20. Are hazardous waste containers and storage locations selected to avoid excess pressure build-up? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 21. Are waste containers labeled and in secondary containment? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 22. Are safety cans in use for flammable wastes with lids closed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 23. Is a lab first aid kit accessible and adequately maintained? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 24. Are electrical panels unobstructed? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 25. Are electrical cords in good condition? (not frayed or damaged) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 26. Are light fixtures and all electrical equipment free of temporary cordage, etc.? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |
| 27. Is there clear access to all emergency exit doors, fire extinguishers, eye washes, and safety showers? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | <input type="checkbox"/> |

FORM A
Revised 2/3/2006

Copy to:
Supervisor
Department Manager

***GEORGIA INSTITUTE OF TECHNOLOGY
SCHOOL OF CHEMISTRY AND BIOCHEMISTRY***

Comments

Copy to:
Supervisor
Department Manager

GEORGIA INSTITUTE OF TECHNOLOGY
SCHOOL OF CHEMISTRY AND BIOCHEMISTRY

Instructions: A **self inspection checklist** will be completed for each laboratory (or room) under the control of the supervisor. The checklist will be completed every 90 days by the group safety captain, nominally by the end of each fiscal quarter (Sept 30, Dec 31, March 31, June 30) and copies provided to the supervisor and the departmental manager for record keeping. This sheet should be posted in the lab in a readily visible location, typically on the inside door.

Building: _____ **Room:** _____

| Quarter | Year | Checklist Completed ✓ | Date Completed | Performed by | Comment |
|----------------|------|-----------------------------|-------------------|--------------|---------|
| Jan 1 – Mar 31 | | | | | |
| Apr 1 – Jun 30 | | | | | |
| Jul 1 – Sep 30 | | | | | |
| Oct 1 – Dec 31 | | | | | |
| | | | | | |
| Jan 1 – Mar 31 | | | | | |
| Apr 1 – Jun 30 | | | | | |
| Jul 1 – Sep 30 | | | | | |
| Oct 1 – Dec 31 | | | | | |
| | | | | | |
| Jan 1 – Mar 31 | | | | | |
| Apr 1 – Jun 30 | | | | | |
| Jul 1 – Sep 30 | | | | | |
| Oct 1 – Dec 31 | | | | | |
| | | | | | |
| Jan 1 – Mar 31 | | | | | |
| Apr 1 – Jun 30 | | | | | |
| Jul 1 – Sep 30 | | | | | |
| Oct 1 – Dec 31 | | | | | |
| | | | | | |
| Jan 1 – Mar 31 | | | | | |
| Apr 1 – Jun 30 | | | | | |
| Jul 1 – Sep 30 | | | | | |
| Oct 1 – Dec 31 | | | | | |
| | | | | | |
| Jan 1 – Mar 31 | | | | | |
| Apr 1 – Jun 30 | | | | | |
| Jul 1 – Sep 30 | | | | | |
| Oct 1 – Dec 31 | | | | | |
| | | | | | |

When the above sheet is completed or unusable, it should be forwarded to the Departmental Manager, School of Chemistry and Biochemistry for filing. New sheets are available from the Departmental Manager.